じ.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 7/67

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

7 / 10 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Robert J Boognen	Name IBEW LOCAL 160
	Labor Organization File Number 077-572
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 8639 Jewel Ave 50.	Street 2522 MARShall ST. NE
city CoHAge Grove	City Minnen Polis
State MinneSoTA ZIP Code + 4 550/6	State Minnesola ZIP Code+4 55418
5. Position in labor organization.  Business Representative	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name XCEL ENERSY	Box Lunch
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 4/4. Nicollet MALI	
City Minne AROLIS	2.32

Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

On 8/3/05 612-781-3136

ZIP Code +4 55401

State

Minnesota

Telephone Number

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment.

12.b. Amount.

Name

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.